

Office of Health Care Assurance  
State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bala, Leticia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1617 Machado Street, Honolulu, Hawaii 96819	Inspection Date: April 18, <del>2018</del> <sup>2019</sup> Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED  
MAY -3 P2:17

RECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications, (c)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1- Progress notes dated 11/30/18 indicated that Tylenol 500 mg was given for low back pain; however, the medication was discontinued on 10/25/18.	<div data-bbox="1120 919 1307 1654"> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> </div> <div data-bbox="487 940 1015 1711"> <p>In the future PCC will review the med order &amp; month, to ensure that it is followed as ordered. I will have my SCC to double check for accuracy.</p> </div>	<div data-bbox="527 1680 649 1879"> <p>8/18/2020 5/11/19</p> </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3:  A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan.  <b>FINDINGS</b> Substitute Care Giver (SCG) #1- No documentation of training by the RN Case Manager in providing daily personal and specialized care.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"> <i>CH(12131</i>  <i>Yes, I came and brought</i>  <i>the SCG's documents</i>  <i>in in care home</i>  <i>border.</i> </p>	<p style="text-align: center;"> <i>ASB</i>  <i>5/1/19</i> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1- No documentation of training by the RN Case Manager in providing daily personal and specialized care.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will create the checklist for my cns to complete; break at training in providing care and daily care. I will review my checklist q. month to ensure it is done.</i></p>	<p><i>AS noted 5/11/19</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;  <u><b>FINDINGS</b></u> Resident #1- The "hypothyroidism" care plan was not updated to reflect the change in dosage from 50 mcg to 75 mcg.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"> <i>Dosage changed to 75 mcg in the care plan</i>   <i>I hope mistakes, &amp; we come on 5-1-19 and update care plan.</i> </p>	<p style="text-align: center;"> <i>John Muel</i>  <i>5/1/19</i>   <i>1133026</i>  <i>5-1-19</i> </p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; <u>FINDINGS</u> Resident #1- The "hypothyroidism" care plan was not updated to reflect the change in dosage from 50 mcg to 75 mcg.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>Every month when CM comes for visit I will remind her to update the Care Plan accordingly. I will double check before leaving to ensure that it is done.</i> </p>	<p style="text-align: right;"> <i>AB/ML</i>  <i>5/1/19</i> </p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;  <u><b>FINDINGS</b></u> Resident #1- The "alteration in comfort" care plan of 12/3/18 indicated the medication Tylenol 500 mg BID; however, medication was discontinued on 10/25/18.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"> <i>Tylenol Did on care plan</i>  <i>George Mufson, CHA came on 5-1-19 and updated care plan</i> </p>	<p style="text-align: center;"> <i>John Muel</i>  <i>5/11/19</i>    <i>Marissa</i>  <i>5/11/19</i> </p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;  <u>FINDINGS</u> Resident #1- The "alteration in comfort" care plan of 12/3/18 indicated the medication Tylenol 500 mg BID; however, medication was discontinued on 10/25/18.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Every month when CxH comes for visit, I will remind her to update the care plan accordingly. I will double check before leaving to make sure that it is done.</p>	<p style="text-align: right;">Mastale 5/1/19</p>



Licensee's/Administrator's Signature:

*Helicia B. Bata*

Print Name:

*Helicia B. Bata*

Date:

*May 1, 2019*